Date of Deposit: <u>August 29, 2003</u>

I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mall Post Office to Addressee" with sufficient postage on the date included above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Cited References

Guy Beardsley Printed name of person mailing corresponde	ence Signatu	re of person ribiling correspondence
UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)		
Attorney Docket Number	50150/055003	
Applicant	Barry Eisenstein	
Title	METHODS AND REAGENTS FOR TREATING INFECTIONS OF CLOSTRIDIUM DIFFICILE AND DISEASES ASSOCIATED THEREWITH	
PRIORITY INFORMATION:		
This application claims the benefit of U.S. Provisional Application Nos. 60/444.570 filed on February 3, 2003, now pending, and 60/406.873, filed on August 29, 2002, now pending, herein incorporated by reference.		
SMALL ENTITY STATUS:		
■ Applicant claims small entity status under 37 C.F.R. § 1.27.		
APPLICATION ELEMENTS:		
Cover sheet		1 page
Specification		18 pages
Claims		9 pages
Abstract		1 page
Drawings .		0 sheets
Combined Declaration and Power of Attorney, which is:		2 pages
⊠ Unsigned;		
□ Newly signed for this application;		
□ A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.		
Sequence Statement		0 pages
Sequence Listing on Paper		0 pages
Sequence Listing on Diskette		0 disk
Preliminary Amendment		0 pages
Information Disclosure Statement		0 pages
Form PTO 1449		0 pages

0 references



Recordation Form Cover Sheet and Assignment	0 pages		
English Translation	0 pages		
Certified Copy of Priority Document	0 pages		
Non-publication Request under 35 U.S.C. § 122(b).	0 pages		
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	0 pages		
A Small Entity Statement	0 pages		
Return Receipt Postcard	1		
FILING FEES:			
Basic Filing Fee: \$375	\$375.00		
Excess Claims Fee: 75 – 20 = 55 x \$9	\$495.00		
Excess Independent Claims Fee: 3 - 3 = 0 x \$42	\$0.00		
Multiple Dependent Claims Fee: \$140	\$0.00		
Total Fees:	\$870.00		

■ Enclosed is a check for \$870.00 to cover the total fees.

- ☐ Charge [\*\*AMOUNT\*\*] to Deposit Account No. 03-2095 to cover the total fees.
- ☐ The filing fee is not being paid at this time.
- Please apply any other charges or any credits to Deposit Account No. 03-2095.

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CUSTOMER NO.: 21559

Reg. No. 43,58D

29 AUGUST 2003

Date